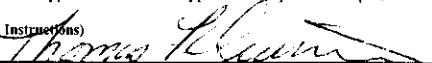


1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED Bahaoui, Mohamed			VOUCHER NUMBER																																																																																					
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-010014-001	5. APPEAL DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																					
7. IN CASE/MATTER OF (Case Name) U.S. v. Bahaoui		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1546.F -- FRAUD AND MISUSE OF VISAS/PERMITS																																																																																									
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WHITE JR., WILLIAM M. One Faneuil Hall Marketplace Third Floor Boston MA 02109			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 01/27/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date																																																																																						
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																									
EXAMINER'S STATEMENT OF EXPENSES <table border="1"> <thead> <tr> <th>CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td>a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>(Rate per hour = \$)</td> <td>TOTALS:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. Out of Court</td> <td>a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. 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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.</td> </tr> <tr> <td colspan="6">Signature of Attorney: _____ Date: _____</td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Approved in excess of the statutory threshold amount.</td> <td>Payment</td> <td>DATE</td> <td>34a. JUDGE CODE</td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. In Court	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)						(Rate per hour = \$)	TOTALS:				16. Out of Court	a. 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